

Applicant Questionnaire

Mission Statement

To work toward inclusion and empowerment of people with disabilities by promoting coordination, communication, and cooperation within the Columbus community.

Purpose

The main purpose of the City of Columbus Mayor's Advisory Council on Disability and Accessibility is to provide the means to strengthen public understanding of the needs of persons with disabilities and to ensure that all citizens with disabilities have equal access to the resources and opportunities offered by the City of Columbus.

Name: _____

Phone: (_) _____ (Home) (_) _____ (Cell) (_) _____ (Work)

Email: _____

Home Address: _____

Place of Employment and Address _____

Is your home address within Bartholomew County? Yes or No

Length of residence within City of Columbus _____

**** THE PURPOSE OF THIS QUESTIONNAIRE IS TO GET TO KNOW YOU BETTER ****

YOU ARE WELCOME TO USE THE BACKSIDE OR ATTACH ADDITIONAL PAPER OR DOCUMENTS THAT WILL HELP US LEARN MORE ABOUT YOUR INTEREST AND QUALIFICATIONS FOR THE COUNCIL.

IF YOU NEED AN ACCOMMODATION BECAUSE OF DISABILITY, PLEASE INFORM US.

- 1) Please briefly describe something about yourself (past and present employment experiences, education, background, interests, etc.).

2) What experiences, skills, and abilities have you gained either professionally, personally, or through some other means that you would bring to the Mayor's Advisory Council which would help in advising the Mayor on disability issues?

3) What days and times are most compatible with your schedule?

Day	Times	Times	Times	Times
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

4) In what capacity will you serve on the Council? Check appropriate designation.

- Adult with disability_____
- Parents/caregiver of a person with disability_____
- BCSC Schools Special Education department staff members_____
- Columbus resident with interest in promoting the issues that affect persons with disability_____
- Person associated with a business affiliated with disability services_____
- Representing a disability organization_____
 - If yes, which organization?_____

PLEASE RETURN THE COMPLETED APPLICATION TO:
Mayor's Advisory Council on Disability and Accessibility
c/o Columbus Human Rights Commission
123 Washington Street, #5
Columbus, IN 47201

OR
humanrights@columbus.in.gov.

Questions: (812) 376-2632 or email humanrights@columbus.in.gov